

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12/08/03.

I. DISPUTE

Whether there should be additional reimbursement for E0236, E1399 and E0781 on date of service 07/16/03.

II. FINDINGS

The respondent denied payment based on “N- not documented” and “A-preauthorization required”.

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
07/16/03	E0236	\$494.00	\$0.00	N, A	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR IV, VIII & IX Section 413.011 (b) TWCC Rule 134.600 (h)(10) TWCC Rule 133.307 (g)(3)(A-F)	The requestor submitted a prescription and DME product information to support the documentation criteria per Rule 133.307 (g)(3)(A-F). The cost of the DME does not exceed \$500.00, therefore does not require preauthorization per Rule 134.600 (h)(10). The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$494.00 is recommended.
07/16/03	E1399	\$75.00	\$0.00	N, A	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR IV, VIII & IX Section 413.011 (b) TWCC Rule 134.600 (h)(10) TWCC Rule 133.307 (g)(3)(A-F)	The requestor submitted a prescription and DME product information to support the documentation criteria per Rule 133.307 (g)(3)(A-F). The cost of the DME does not exceed \$500.00, therefore does not require preauthorization per Rule 134.600 (h)(10). The requestor provided redacted EOBs from insurance carriers paying \$75.00 for E1399 misc. durable medical equipment. It is not clear if this is the same item as the one in dispute, therefore does not support a change in reimbursement. Additional reimbursement is not recommended.

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
07/16/03	E1399	\$155.00	\$0.00	N, A	DOP	<p>The 1996 MFG General Instructions GR III Durable Medical Equipment GR IV, VIII & IX</p> <p>Section 413.011 (b)</p> <p>TWCC Rule 134.600 (h)(10)</p> <p>TWCC Rule 133.307 (g)(3)(A-F)</p>	<p>The requestor submitted a prescription and DME product information to support the documentation criteria per Rule 133.307 (g)(3)(A-F).</p> <p>The cost of the DME does not exceed \$500.00, therefore does not require preauthorization per Rule 134.600 (h)(10).</p> <p>The requestor provided redacted EOBs from insurance carriers paying \$155.00 for E1399 misc. durable medical equipment. It is not clear if this is the same item as the one in dispute, therefore does not support a change in reimbursement. Additional reimbursement is not recommended.</p>
07/16/03	E0781	\$485.00	\$0.00	N, A	DOP	<p>The 1996 MFG General Instructions GR III Durable Medical Equipment GR IV, VIII & IX</p> <p>Section 413.011 (b)</p> <p>TWCC Rule 134.600 (h)(10)</p> <p>TWCC Rule 133.307 (g)(3)(A-F)</p>	<p>The requestor submitted a prescription and DME product information to support the documentation criteria per Rule 133.307 (g)(3)(A-F).</p> <p>The cost of the DME does not exceed \$500.00, therefore does not require preauthorization per Rule 134.600 (h)(10).</p> <p>The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$485.00 is recommended</p>
07/16/03	E1399	\$134.95	\$0.00	N, A	DOP	<p>The 1996 MFG General Instructions GR III Durable Medical Equipment GR IV, VIII & IX</p> <p>Section 413.011 (b)</p> <p>TWCC Rule 134.600 (h)(10)</p> <p>TWCC Rule 133.307 (g)(3)(A-F)</p>	<p>The requestor submitted a prescription and DME product information to support the documentation criteria per Rule 133.307 (g)(3)(A-F).</p> <p>The cost of the DME does not exceed \$500.00, therefore does not require preauthorization per Rule 134.600 (h)(10).</p> <p>The requestor provided redacted EOBs from insurance carriers paying \$134.95 for E1399 misc. durable medical equipment. It is not clear if this is the same item as the one in dispute, therefore does not support a change in reimbursement. Additional reimbursement is not recommended.</p>
Totals							The Requestor is entitled to reimbursement of \$979.00.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$979.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$979.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 2nd day of July 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/lc